

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	<i>BB</i>	<i>65085</i>	<i>11/17/99</i>
O.I.P.E. CLASSIFIER	<i>BB</i>		
FORMALITY REVIEW	<i>BB</i>	<i>65085</i>	<i>11/18/99</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/17/99
2	✓	✓	11/17/99
3	✓	✓	11/17/99
4	✓	✓	11/17/99
5	✓	✓	11/17/99
6	✓	✓	11/17/99
7	✓	✓	11/17/99
8	✓	✓	11/17/99
9	✓	✓	11/17/99
10	✓	✓	11/17/99
11	N	N	
12	N	N	
13	N	N	
14	N	N	
15	✓	✓	
16	÷	✓	✓
17	✓		
18	N	N	
19	N	N	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	N	N	
24	N		
25	N		
26	N		
27	N		
28	N		
29	✓	✓	✓
30	✓	✓	✓
31	÷	✓	✓
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	÷	✓	✓
46	✓	✓	
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	✓	11/17/99
52	✓	✓	11/17/99
53	✓	✓	11/17/99
54	✓	✓	11/17/99
55	✓	✓	11/17/99
56	✓	✓	11/17/99
57	✓	✓	11/17/99
58	✓	✓	11/17/99
59	✓	✓	11/17/99
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62	✓	✓	11/17/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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